



Borough of Conshohocken  
Human Relations Commission  
Complaint Form

**Complaint Instructions:**

1. You must file this form within 180 days after the alleged last act of discrimination.
2. You may file your complaint with the PA State Human Relations Commission or with the Conshohocken Human Relations Commission; however, filing with the Conshohocken Human Relations Commission may jeopardize your eligibility to later file with the State. If filed locally, the decision of the Conshohocken Human Relations Commission will be final.
3. The Conshohocken Human Relations Commission reserves the right to refer any case to the State Human Relations Commission before officially docketing the case in Conshohocken.
4. Complaints may be filed in person at the office of the Borough Manager, or by mailing to the Borough offices, to the attention of the Borough Manager

or the Chairperson of the Human Relations Commission. The address for the Borough offices for filing in person or by mail is:

Conshohocken Borough Administrative Offices  
400 Fayette Street, Suite 200  
Conshohocken, PA 19428

5. The Borough Manager will notify the Conshohocken Human Relations Commission Chair within 10 days of receipt of the complaint.
6. The Conshohocken Human Relations Commission will send a copy of the complaint to the named respondent [the person/organization you are filing the complaint against] within 30 days from the date of docketing the complaint.
7. The respondent will have 30 days to send a written, verified answer to the complaint.
8. To avoid rewriting your answers, please read the complaint form from beginning to end before filling out your answers to individual questions. Please answer every applicable question as fully as possible, and to the best of your present knowledge, information and belief. If you are unsure of your answer, please say so.
9. Please notify the Commission of any change of address or other contact information that occurs after filing the complaint. Failure to do so may result in dismissal of the matter.
10. If you will have an attorney representing you on this matter, please have your attorney send us a letter that confirms this. You do not need an attorney to file a complaint.
11. If you need any further information, please email Conshohocken Borough Manager, Richard J. Manfredi at [rmanfredi@conshohockenpa.org](mailto:rmanfredi@conshohockenpa.org), or call #610-828-1092



## Borough of Conshohocken Human Relations Commission Complaint Form

**Please read the following before proceeding:**

Conshohocken Human Relations Commission can investigate complaints of discriminatory action by any person or organization on the basis of actual or perceived ethnicity, race, color, ancestry, religion, national origin, gender, gender identity or expression, marital and familial status, age, sexual orientation, mental or physical disability, use of guide or support animals or mechanical aids and/or source of income, or any other group, class or category which is recognized under Federal or State law, including the Pennsylvania Human Relations Act.

### **PLEASE PRINT**

**A. Information about you:**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(First) (Middle Initial) (Last)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone No. (include area code): Work \_\_\_\_\_  
Home \_\_\_\_\_  
Cell \_\_\_\_\_

May we call you at work? (Circle one)      YES    NO

Email: \_\_\_\_\_

**B. Please provide the name of a person at a different address whom we can contact if we are unable to reach you:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Tel. No.: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**C. Why do you believe that you were discriminated against (Check all that apply)**

Ethnicity \_\_\_\_\_ Race \_\_\_\_\_ Color \_\_\_\_\_ Ancestry \_\_\_\_\_ Religion \_\_\_\_\_

National Origin \_\_\_\_\_ Gender \_\_\_\_\_ Gender Identity/Expression \_\_\_\_\_

Marital Status \_\_\_\_\_ Familial Status \_\_\_\_\_ Age \_\_\_\_\_ Sexual Orientation \_\_\_\_\_

National Origin \_\_\_\_\_ Mental/Physical Disability \_\_\_\_\_ Source of Income \_\_\_\_\_

Use of a guide or support animals or mechanical aids \_\_\_\_\_ Other \_\_\_\_\_

**D. Information about the Person or Organization you believe discriminated against you:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone No. (include area code): \_\_\_\_\_

Email: \_\_\_\_\_

**1. What action was taken against you that you believe to be discriminatory? What harm was caused to you and/or others in your situation because of the action? Also, if applicable, if you believe you were retaliated against because you complained about what you believed to be unlawful discrimination, because you filed a complaint about unlawful discrimination, or because you assisted someone else in complaining about discrimination, please describe below.**

[illegible]

2. What is the date this action first occurred? \_\_\_\_\_
3. What is the last date of such action? \_\_\_\_\_

**4.** Who took this action against you (*if known*)? Name(s) and Job titles(s) if applicable

**5.** Did you complain to anyone about this incident or problem(s)? If so, please indicate the name and title of the person to whom you complained and describe any response taken or explanation that you were given for the action taken?

**6.** Why do you think the action was discrimination? (If applicable, provide the name and job title of others in the same or similar situation treated more favorable. Explain how they were treated differently.)

**7.** Have you filed a complaint about this matter with any other commission or agency? If so, please indicate below:

Name of Agency Or Commission: \_\_\_\_\_

Date Filed: \_\_\_\_\_

Docket #: \_\_\_\_\_

8. Have you taken any court action regarding this matter? If so, please indicate below:

Name of Court: \_\_\_\_\_

Date Filed: \_\_\_\_\_

Docket #: \_\_\_\_\_

9. If there are witnesses, please provide the name(s), address(es), telephone number(s), and a description of the information that can be provided by your witness(es) who you think can provide evidence in support of your allegations of discrimination:

Name and Address	Telephone No.	Description of Information that witness can provide

**10.** Please attach to this complaint any documentation that you feel is relevant to your claim of discriminatory treatment. Please keep all originals and submit only copies.

**Please read the following before signing:**

**I hereby verify that the statements contained in this complaint are true and correct to the best of my knowledge, information, and belief. I understand that false statements herein are made subject to the penalties of 18 PA.C.S Section 4904, relating to unsworn falsification to authorities.**

**Signature**\_\_\_\_\_

**Date**\_\_\_\_\_

**MAIL OR HAND DELIVER TO:**

**Conshohocken Borough Administrative Offices**

**Attention: Borough Manager or the  
Chairperson of the Human Relations  
Commission**

**400 Fayette Street, Suite 200  
Conshohocken, PA 19428**